

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>10/20/01</i>		<i>06 14 01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>LR</i>	<i>76-916</i>	<i>07-09-01</i>
RESPONSE FORMALITY REVIEW	<i>JK</i>	<i>835</i>	<i>10/10/01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final Original	1/4/02 10/2/02 11/2/02
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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43	✓
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45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	1/4/02
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
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Claim	Date
Final Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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RESP-850
10-11-01